

<b>TRAVEL VOUCHER</b>  <i>(Read the Privacy Act Statement on the back)</i>		<b>1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE</b>		<b>2. TYPE OF TRAVEL</b> <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		<b>3. VOUCHER NO.</b>  <b>4. SCHEDULE NO.</b>																		
TRAVELER (PAVE)	<b>5. a. NAME (Last, first, middle initial)</b>  Doe, John			<b>b. SOCIAL SECURITY NO.</b>  112-134-5678		<b>6. PERIOD OF TRAVEL</b> <table style="width: 100%;"> <tr> <td style="width: 50%;"><b>a. FROM</b></td> <td style="width: 50%;"><b>b. TO</b></td> </tr> <tr> <td>28 Sept 05</td> <td>28 Oct 05</td> </tr> </table>		<b>a. FROM</b>	<b>b. TO</b>	28 Sept 05	28 Oct 05													
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	28 Sept 05	28 Oct 05																						
	<b>c. MAILING ADDRESS (Include ZIP Code)</b>  123 Temporary Home Avenue Atlanta, GA 30215			<b>d. OFFICE TELEPHONE NO.</b>  404-123-4567		<b>7. TRAVEL AUTHORIZATION</b> <table style="width: 100%;"> <tr> <td style="width: 50%;"><b>a. NUMBER(S)</b></td> <td style="width: 50%;"><b>b. DATE(S)</b></td> </tr> <tr> <td> </td> <td> </td> </tr> </table>		<b>a. NUMBER(S)</b>	<b>b. DATE(S)</b>															
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<b>e. PRESENT DUTY STATION</b>  New Orleans District Office 701 Loyola Avenue Suite 600 New Orleans, LA 70113-9936			<b>f. RESIDENCE (City and State)</b>  123 Any Street Avenue New Orleans, LA		<b>10. CHECK NO.</b>																			
<b>8. TRAVEL ADVANCE</b> <table style="width: 100%;"> <tr> <td style="width: 50%;"><b>a. Outstanding</b></td> <td style="width: 50%;"> </td> </tr> <tr> <td><b>b. Amount to be Applied</b></td> <td>\$1,500 00</td> </tr> <tr> <td><b>c. Amount due Government</b> (Attached: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cash)</td> <td> </td> </tr> <tr> <td><b>d. Balance outstanding</b></td> <td> </td> </tr> </table>				<b>a. Outstanding</b>		<b>b. Amount to be Applied</b>	\$1,500 00	<b>c. Amount due Government</b> (Attached: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cash)		<b>d. Balance outstanding</b>		<b>9. CASH PAYMENT RECEIPT</b> <table style="width: 100%;"> <tr> <td style="width: 50%;"><b>a. DATE RECEIVED</b></td> <td style="width: 50%;"><b>b. AMOUNT RECEIVED</b></td> </tr> <tr> <td> </td> <td>\$</td> </tr> <tr> <td colspan="2"><b>c. PAYEE'S SIGNATURE</b></td> </tr> <tr> <td colspan="2"> </td> </tr> </table>		<b>a. DATE RECEIVED</b>	<b>b. AMOUNT RECEIVED</b>		\$	<b>c. PAYEE'S SIGNATURE</b>				<b>11. PAID BY</b>		
<b>a. Outstanding</b>																								
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<b>12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH</b> <i>(List by number below and attach passenger coupon; if cash is used show claim on reverse side.)</i>		I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7)					<b>Traveler's Initials</b> ▶																	
<table style="width: 100%;"> <tr> <th style="width: 15%;">AGENT'S VALUATION OF TICKET</th> <th style="width: 10%;">ISSUING CARRIER</th> <th style="width: 15%;">MODE, CLASS OF SERVICE AND ACCOMMODATIONS</th> <th style="width: 10%;">DATE ISSUED</th> <th colspan="2" style="width: 50%;">POINTS OF TRAVEL</th> </tr> <tr> <td>(a)</td> <td>(initials) (b)</td> <td>(c)</td> <td>(d)</td> <td style="width: 25%;">FROM (e)</td> <td style="width: 25%;">TO (f)</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td>Atlanta, GA</td> <td>New Orleans, LA</td> </tr> </table>		AGENT'S VALUATION OF TICKET	ISSUING CARRIER	MODE, CLASS OF SERVICE AND ACCOMMODATIONS	DATE ISSUED	POINTS OF TRAVEL		(a)	(initials) (b)	(c)	(d)	FROM (e)	TO (f)					Atlanta, GA	New Orleans, LA	(This section is partially obscured by a large blue and pink watermark reading "WIP")				
AGENT'S VALUATION OF TICKET	ISSUING CARRIER	MODE, CLASS OF SERVICE AND ACCOMMODATIONS	DATE ISSUED	POINTS OF TRAVEL																				
(a)	(initials) (b)	(c)	(d)	FROM (e)	TO (f)																			
				Atlanta, GA	New Orleans, LA																			
<b>13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.</b>																								
<b>TRAVELER SIGN HERE</b> ▶				<b>DATE</b>		<b>AMOUNT CLAIMED</b> ▶																		
<b>NOTE:</b> Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).				\$ 1,678		47																		
<b>14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)</b>  <b>APPROVING OFFICIAL SIGN HERE</b> ▶				<b>DATE</b>		<b>17. FOR FINANCE OFFICE USE ONLY</b> <b>COMPUTATION</b> <table style="width: 100%;"> <tr> <td style="width: 80%;"><b>a. DIFFERENCES, IF ANY</b> (Explain and show amount)</td> <td style="width: 20%;">\$</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>		<b>a. DIFFERENCES, IF ANY</b> (Explain and show amount)	\$															
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<b>15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION</b> <table style="width: 100%;"> <tr> <td style="width: 33%;"><b>a. VOUCHER NO.</b></td> <td style="width: 33%;"><b>b. D.O. SYMBOL</b></td> <td style="width: 33%;"><b>c. Month &amp; Year</b></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>				<b>a. VOUCHER NO.</b>	<b>b. D.O. SYMBOL</b>	<b>c. Month &amp; Year</b>				<b>b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION</b>  <i>Certifier's initials:</i>		\$												
<b>a. VOUCHER NO.</b>	<b>b. D.O. SYMBOL</b>	<b>c. Month &amp; Year</b>																						
<b>16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT</b>  <b>AUTHORIZED CERTIFYING OFFICIAL SIGN HERE</b> ▶				<b>DATE</b>		<b>c. APPLIED TO TRAVEL ADVANCE</b> <i>(Appropriation symbol):</i>																		
<b>d. NET TO TRAVELER</b> ▶				\$		\$																		
<b>18. ACCOUNTING CLASSIFICATION</b>																								

<b>SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED</b>	<b>INSTRUCTIONS TO TRAVELER (Unlisted items are self-explanatory)</b>										Complete this information if this is a continuation sheet	
	Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationship to employee and marital status of children <i>(unless information is shown on the travel authorization.)</i>										Complete only for actual expense travel	
											Col. (d) thru (g) } Show amount incurred for each meal, including tax and tips, and daily total meal cost.  (h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals). (i) Complete for per diem and actual expense travel. (j) Show total subsistence expense incurred for actual expense travel. (m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate. (n) Show expenses, such as: taxi/limousine fares, air fare <i>(if purchased with cash)</i> , local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.	
PAGE 1 of 2 Pages												
<b>TRAVEL AUTHORIZATION NO.</b>												
<b>TRAVELER'S LAST NAME</b>												
PUBLIC												

DATE 19 48.	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense)	ITEMIZED SUBSISTENCE EXPENSES												MILEAGE RATE		AMOUNT CLAIMED					
			MEALS								MISCELANEOUS SUBSISTENCE (h)	LODGING (i)		TOTAL SUBSISTENCE EXPENSE (j)		NO. OF MILES (k)	MILEAGE (l)	SUBSISTENCE (m)		OTHER (n)		
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)																
(a)	(b)	(c)	(d)	(e)	(f)	(g)		(h)	(i)		(j)		(k)	(l)	(m)		(n)					
28 Sep		Atlanta - FY 05 per diem rate					25 80					25 80				25 80	50 00					
29 Sep		Atlanta - FY 05 per diem rate					25 80					25 80				25 80						
30 Sep		Atlanta - FY 05 per diem rate					25 80					25 80				25 80						
1 Oct		Atlanta - FY 06 per diem rate					29 40					29 40				29 40						
2 Oct		Atlanta					29 40					29 40				29 40						
3 Oct		Atlanta					29 40					29 40				29 40						
4 Oct		Atlanta					29 40					29 40				29 40						
5 Oct		Atlanta					29 40					29 40				29 40						
6 Oct		Atlanta					29 40					29 40				29 40						
7 Oct		Atlanta					29 40					29 40				29 40						
8 Oct		Atlanta					29 40					29 40				29 40						
9 Oct		Atlanta					29 40					29 40				29 40						
10 Oct		Atlanta					29 40					29 40				29 40						
11 Oct		Atlanta					29 40					29 40				29 40						
12 Oct		Atlanta					29 40					29 40				29 40						
13 Oct		Atlanta					29 40					29 40				29 40						
If additional space is required, continue on another SF 1012-A BACK, leaving the front blank.												SUBTOTALS ▶					459 60		50 00			
												TOTALS ▶					459 60		50 00			

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101 7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011 (b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigation or prosecutions, or when

pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in the Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

Enter grand total of columns (l), (m), and (n), below and in item 13 on the front of this form.

TO  
TAL  
AM  
OU

See Next Page

STANDARD FORM 1012 BACK (10-77)

**SCHEDULE  
OF  
EXPENSES  
AND  
AMOUNTS  
CLAIMED****INSTRUCTIONS TO TRAVELER (Unlisted items are self-explanatory)**

Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationship to employee and marital status of children (unless information is shown on the travel authorization.)

**Complete only for actual expense travel**

Col. (d) thru (g) }

Show amount incurred for each meal, including tax and tips, and daily total meal cost.

(h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).

(i) Complete for per diem and actual expense travel.

(j) Show total subsistence expense incurred for actual expense travel.

(m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.

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Complete this information. This is a continuation sheet

PAGE 2  
of 2 Pages

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME

PUBLIC

DATE	TIME	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense)	ITEMIZED SUBSISTENCE EXPENSES										MILEAGE RATE 48.5 ¢	AMOUNT CLAIMED					
			MEALS				MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	NO. OF MILES (k)	MILEAGE (l)	SUBSISTENCE (m)		OTHER (n)					
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)													
19 Oct	(Hour and am/pm)	(c)																	
14 Oct		Atlanta																	
15 Oct		Atlanta																	
16 Oct		Atlanta																	
17 Oct		Atlanta																	
18 Oct		Atlanta																	
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24 Oct		Atlanta																	
25 Oct		Atlanta																	
26 Oct		Atlanta																	
27 Oct		Atlanta																	
28 Oct	5:00 am	Depart Atlanta in POV																	
28 Oct		Arr in New Orleans																	
If additional space is required, continue on another SF 1012-A BACK, leaving the front blank.												SUBTOTALS ▶		235	22	933	65	50	00
												TOTALS ▶		235	22	1393	25	50	00

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		<table><tr><td><b>TOTAL AMOUNT CLAIMED</b></td><td>▶ 1,678.47</td></tr></table>	<b>TOTAL AMOUNT CLAIMED</b>	▶ 1,678.47
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